# REQUEST FOR STUDENT INSURANCE WAIVER

### NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BU ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### VISA TYPE:\_\_\_\_\_\_\_\_ Number of Dependents\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WAIVER: FALL SPRING SUMMER YEAR: \_\_\_\_\_\_\_\_\_\_**

PLEASE CHECK YOUR REASON FOR REQUESTING A WAIVER:

1. \_\_\_ GRADUATING AT END OF SPRING SEMESTER **(For waiver of summer insurance only)** You must have filed for graduation or show that your J-1 program ends as noted on your DS-2019.

2. \_\_\_ OTHER HEALTH INSURANCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A student whose family or employer already provides health insurance may be eligible to qualify for a waiver. Proof of insurance is necessary. **The alternate policy must already be in effect before first enrollment period at Baylor University.** To qualify for a waiver of Baylor University Student Insurance your policy must meet or exceed the following minimum requirements:

A. $500 OR LESS DEDUCTIBLE (PER POLICY PER INSURED)

B. UNLIMITED MAXIMUM BENEFIT PER POLICY YEAR

C. $7,500 MINIMUM REPATRIATION BENEFIT\*

D. $10,000 MINIMUM MEDICAL EVACUATION BENEFIT\*

**\*If your policy otherwise meets University standards but does not provide coverage for items C and D, you will be required to enroll in the Global Medical Services, and your student account will be charged.**

[**https://www.academichealthplans.com/docs/Assist\_America\_Brochure.pdf**](https://www.academichealthplans.com/docs/Assist_America_Brochure.pdf)

3.\_\_\_ For family or employer provided insurance, you must provide:

A. A Recent pay statement or letter from your company verifying current employment and a copy of your insurance enrollment card, and

B. Either a copy of the policy pages which detail coverage categories and amounts of coverage in English, **or** a letter from your sponsor or insurance company stating your insurance coverage meets or exceeds the above listed minimum coverage as indicated by items A, B, C, and D.

I certify that my current health insurance coverage meets or exceeds the above listed minimum coverage as indicated by items A, B, C, & D

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NOTE:***

***No waiver of insurance can be processed after the 12th class day of the long semesters or 4th class day of each summer session.***

***No insurance refunds will be granted after 12th or the 4th class days.***